Supervision of Students (Clinical)

Policy

Supervision in Anesthetizing Areas

1. Supervision at clinical sites is limited to CRNA’s and anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. While the COA recognizes there are instances in which different types of anesthesia providers may participate in a case, such as large trauma cases where additional anesthesia personnel are required to administer blood, fluids, draw labs, start lines, etc., in these instances the additional anesthesia personnel must have no clinical supervision responsibilities for the SRNA unless they meet the COA’s supervision requirements.

2. COA supervision requirements:
   - Clinical supervision of students must not exceed (1) 2 students to 1 CRNA, or (2) 2 students to 1 anesthesiologist, if no CRNA is involved. The CRNA and/or anesthesiologist are the only individual(s) with responsibility for anesthesia care of the patient, and have responsibilities including, but not limited to: providing direct guidance to the student; evaluating student performance; and approving a student’s plan of care. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety). Clinical supervision must be consistent with the COA Standards (i.e., clinical oversight is the responsibility of a CRNA or anesthesiologist only).

3. Beginning SRNA (approximately month 1 – 6)
   - will be supervised 1:1 (assigned to an OR with a CRNA or anesthesiologist who has no other assignment).
   - Instructors may leave the operating room for brief periods (breaks, lunches) when assigned with a beginning student provided the patient's medical history and the operative course are uncomplicated

4. Experienced SRNA (approximately month 6 – 18)
   - SRNAs may be supervised 1:1 or 2:1 by a CRNA or anesthesiologist.
   - The decision to change the instruction ratio from 1:1 to 1:2 or leave the OR for periods of time is dependent on:
     a. Student’s knowledge and ability
     b. Physical status of the patient
     c. Complexity of the anesthetic and/or surgical procedure
     d. Experience of the instructor
   - The SRNA may be left alone in the operating room while providing an anesthetic at the discretion of the supervising CRNA or anesthesiologist. While the SRNA is alone, the supervising CRNA or anesthesiologist must be immediately available.
Clinical Supervision in Nonanesthetizing

Students may participate in educational activities involving non-anesthetizing duties of a nurse anesthetist. These activities may include, but are not limited to, resuscitative services, pre and postoperative rounds, obtaining intravenous access, and respiratory and pain services rotations.

Clinical supervision in non-anesthetizing areas is restricted to credentialed experts who are authorized to assume responsibility for the student. This may include nurse anesthetists, anesthesiologists, other physicians, or registered nurses entitled by license, hospital credentialing, or job description to perform these duties. See COA Standards Glossary: Credentialed Expert.

See COA Standards Glossary: Clinical Supervision; See COA MSN Standard V E10, E11, E12, E13; COA DNP Standard F5, F7 and F8

Written 10-09; Reviewed and Revised (R&R) August 2012; R&R June 2014; R&R August 2015; R&R July 2016; R&R July 2017; R&R July 2018; Reviewed September 2019; R&R November 2019 per COA Standard Changes